



Not-for-profit Group Exhibit Space Application

2014 ACA Exhibit Show Albuquerque Convention Center

Company _____

Address _____

City _____ St/Prov. _____ Zip/Postal Code _____

Contact Name* _____ E-mail _____

Phone _____ Fax _____

INSTRUCTIONS

- The rental fee is \$500 per booth. Additional booths \$1,850/ea.
- Please enclose full payment of the booth cost.
- Make checks payable to American Crystallographic Assn. and mail check to PO Box 96, Buffalo, NY 14205-0096 or include credit card info on this form.
- Please e-mail a description of exhibit/product for listing in the Exhibitor Show Guide and on the Meeting Web Page (100 words or less) to marcia@hwi.buffalo.edu
- Not-for-profit groups receive **one** meeting registration allowing entry to the scientific sessions. Exhibition representatives who intend to present a lecture or poster must register separately as a meeting participant.

1. Name _____ (included in booth fee)*

Additional registrations for booth representatives at \$500 each

** Representatives who intend to present a lecture or poster must register separately as a regular meeting participant at the registration site: www.amercrystalassn.org*

SOCIAL EVENT TICKETS

Young Scientist SIG Mixer - Sunday, May 25
 Ticket \$28 # of tickets _____

Awards Banquet - Wednesday, May 28
 Ticket \$70 # of tickets _____

Entree choice(s): _____ Beef _____ Chicken _____ Vegetarian

SPACE SELECTION

Booth preference: first choice: _____
 second choice: _____
 third choice: _____
 fourth choice: _____

FEES

(1) Booth @ \$500	\$ _____
Additional booths at \$1,500	\$ _____
Corporate Member Discount	\$ _____
TOTAL	\$ _____
Additional Registration(s)	\$ _____
Social Event Tickets	\$ _____
Total Amount Enclosed	\$ _____

PAYMENT METHOD

_____ VISA _____ MasterCard _____ AmExpress

_____ U.S. Check payable to **American Crystallographic Assn.**

Credit Card Number:
 _____ - _____ - _____ - _____

Name of Card Holder: _____

Authorized Signature of Card Holder: _____

Exp. Date: ____/____ Security Code: _____ (3 digit number on back of card)

I check this box to agree that it serves as authorization to charge this card

Is the address above the billing address of the credit card?

Yes No - provide billing address below:

Inst./Co., _____

Street _____

City _____ St/Prov. _____ Zip Code _____

Country _____

Mail, e-mail or fax this form with payment to:
American Crystallographic Assn.
P.O. Box 96 Ellicott Station
Buffalo, NY 14205-0096 FAX: (716) 898-8695
www.AmerCrystalAssn.org